

EXHIBIT # 1  
 WIT: Lang  
 DATE: 6-28-17  
 Barbara A. Finn-Figliulo, CSR, RPR

Facility: Michael Cole  
Center

State of Illinois - Department of Corrections

INMATE INJURY REPORT

Inmate's Name Jose Andres Osvaldo Inmate's Number R72183  
 Age 28 Birthdate 3/29/85 Sex M Race Hispanic

6-18

Date of Injury 2/5/14 Time approx 1130A

Location Front Street in front of General Store Door

How Did Injury Occur? Fell on ice on concrete walking from West cell house to Nz

Was it Job Related? No

Was it Witnessed by Staff? Yes If Yes, Then List Names SJ Qualls

Any Suggestions by Staff or Inmate for Prevention of Recurrence: (circle) Staff  Inmate   
Use Caution

Signature of Individual Preparing Report

2/5/14  
Date

(Medical Report on Reverse Side)

DC 7111-1A1  
 IL 426-0023 (3-90) Printed on recycled paper

PL 000092

Exhibit 7

Inmate's Name Dore-McLean

INMATE INJURY REPORT

Time of medical evaluation 1155 a.m. p.m. Date 2/5/14  
Physician Notified \_\_\_\_\_ a.m. p.m. Date \_\_\_\_\_

S (Inmate Account) "My head hurts, Lt. wrist, Rt. jaw, & legs."

O (Objective Findings)

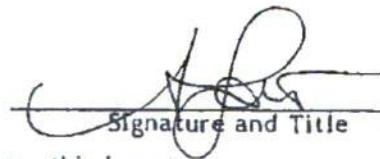
Vitals T    P    R    BP    Tetanus

- Superficial abrasions noted to Lt. side forehead/hairline, s bleeding noted
- D swelling, bruising, bleeding, deformities noted to jaw (Rt), Lt. wrist, & bilateral thighs
- NAD noted, no other injuries noted. A+D x 3

A (Evaluation of Injury) Post Fall

P (Treatment and Follow-up) F/u PRN

Disposition of Patient:  Return to Assignment  Housing Unit  Lay-In  MD  
 Infirmary  Off Site Referral for Treatment - Destination \_\_\_\_\_

  
Signature and Title

I have reviewed this report and would like to see this inmate:

immediately  next sick call  PRN.

M.D.

Signature

Date

PL 000093

Exhibit 7